

**CHAPTER 13 PLAN**  
**UNITED STATES BANKRUPTCY COURT**  
**SOUTHERN DISTRICT OF MISSISSIPPI**

**CASE NO.** \_\_\_\_\_

Debtor Teresa Ann Campbell SS# xxx-xx-1537 Median Income ☐ Above ☒ Below  
 Joint Debtor \_\_\_\_\_ SS# \_\_\_\_\_  
 Address 3206 Bealman Rd De Kalb, MS 39328-0000

**THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The treatment of ALL secured / priority debts must be provided for in this plan.**

**PAYMENT AND LENGTH OF PLAN**

The plan period shall be for a period of 60 months, not to be less than 36 months for below median income debtor(s), or less than 60 months for above median income debtor(s).

(A) Debtor shall pay \$ 365.00 per (monthly / semi-monthly / weekly / bi-weekly) to the Chapter 13 Trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

Rush Foundation Hospital  
 Attn: Payroll Dept  
 1414 19th Ave  
 Meridian, MS 39301

(B) Joint Debtor shall pay \$ \_\_\_\_\_ per (monthly / semi-monthly / weekly / bi-weekly) to the Chapter 13 Trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRIORITY CREDITORS.**

Filed claims that are not disallowed to be paid in full or as ordered by the Court as follows:

Internal Revenue Service:	\$ <u>0.00</u>	@ <u>0.00</u>	/month
Mississippi Dept. of Revenue:	\$ <u>0.00</u>	@ <u>0.00</u>	/month
Other/ _____	\$ <u>0.00</u>	@ <u>0.00</u>	/month

**DOMESTIC SUPPORT OBLIGATION DUE TO:** \_\_\_\_\_

**-NONE-**

POST PETITION OBLIGATION: In the amount of \$ per month beginning .

To be paid \_\_\_\_\_ direct, \_\_\_\_\_ through payroll deduction, or \_\_\_\_\_ through the plan.

**-NONE-**

PRE-PETITION ARREARAGE: In the total amount of \$ through shall be paid the amount of \$ per month beginning

To be paid \_\_\_\_\_ Direct \_\_\_\_\_ through payroll deduction \_\_\_\_\_ through the plan.

**HOME MORTGAGES.** All claims secured by real property which are to be paid through the plan shall be scheduled below. Absent an objection by a party in interest, the plan will be amended consistent with the proof of claim filed herein, subject to the start date for the continuing monthly mortgage payment proposed herein.

MTG PMTS TO: **-NONE-** BEGINNING \_\_\_\_\_ @\$ \_\_\_\_\_ PLAN DIRECT  
 MTG ARREARS TO: **-NONE-** THROUGH \_\_\_\_\_ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /MO\*  
 (\*Including interest at %)

**MORTGAGE CLAIMS TO BE PAID IN FULL OVER PLAN TERM:**

Creditor: **-NONE-** Approx. amt. due: \_\_\_\_\_ Int. Rate: \_\_\_\_\_  
 Property Address: \_\_\_\_\_ Are related taxes and/or insurance escrowed Yes No

**NON-MORTGAGE SECURED CLAIMS.** Creditors that have filed claims that are not disallowed are to retain lien(s) under

Debtor's Initials TC Joint Debtor's Initials \_\_\_\_\_

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11 U.S.C. 1325(a)(5)(B)(i)(I) until the payment of the debt determined as under non-bankruptcy law or discharge. Such creditors shall be paid as secured claimants the sum set out below or pursuant to other order of the Court. The portion of the claim not paid as secured shall be treated as a general unsecured claim.

CREDITOR'S NAME	COLLATERAL	910* CLM	APPROX. AMT. OWED	VALUE	INT. RATE	PAY VALUE OR AMT. OWED
<b>Ally Financial</b>	<b>2011 Nissan Rogue</b>	no	<b>10,021.00</b>	<b>9,700.00</b>	<b>5.00%</b>	<b>Pay Value</b>
<b>Repubic Finance</b>	<b>1997 Honda Civic</b>	no	<b>2,905.00</b>	<b>1,500.00</b>	<b>5.00%</b>	<b>Pay Value</b>
<b>Sanders Gas</b>	<b>Heat &amp; Cool Unit</b>	no	<b>1,845.39</b>	<b>500.00</b>	<b>5.00%</b>	<b>Pay Value</b>

\*The column for "910 CLM" applies to both motor vehicles and "any other thing of value" as used in the "hanging paragraph" of 11 U.S.C. § 1325

**SPECIAL CLAIMANTS** including, but not limited to, co-signed debts, abandonment of collateral, direct payments by Debtor, etc. For all abandoned collateral Debtor will pay \$0.00 on the secured portion of the debt. Where the proposal is for payment, creditor must file a proof of claim to receive proposed payment.

CREDITOR'S NAME	COLLATERAL	APPROX. AMT. OWED	PROPOSED TREATMENT
<b>Town Finance</b>	<b>Personal Property</b>	<b>2,280.00</b>	<b>To avoid lien</b>

**STUDENT LOANS** which are not subject to discharge pursuant to 11 U.S.C. §§ 523(a)(8) and 1328(c) are as follows (such debts shall not be included in the general unsecured total):

CREDITOR'S NAME	APPROX. AMT. OWED	CONTRACTUAL MO. PMT.	PROPOSED TREATMENT
<b>-NONE-</b>			

**SPECIAL PROVISIONS** for all payments to be paid through the plan, including, but not limited to, adequate protection payments: **-NONE-**

**GENERAL UNSECURED DEBTS** totaling approximately \$ **18,997.39**. Such claims must be timely filed and not disallowed to receive payment as follows:      IN FULL (100%) or **15** % (percent) MINIMUM, or a total distribution of \$    , with the Trustee to determine the percentage distribution. **Those general unsecured claims not timely filed shall be paid nothing, absent order of the Court.**

Total Attorney Fees Charged \$ **3,200.00**  
 Attorney Fees Previously Paid \$ **0.00**  
 Attorney fees to be paid in plan \$ **3,200.00**

The payment of administrative costs and aforementioned attorney fees are to be paid pursuant to Court order and/or local rules.

Automobile Insurance Co/Agent

Attorney for Debtor (Name/Address/Phone # / Email)

**Michael M. Williams 7252**

**P.O. Box 2957**

**Meridian, MS 39302**

Telephone/Fax

Telephone/Fax **601-485-6355**

Facsimile No. **601-482-3351**

E-mail Address

DATE: **September 15, 2016**

DEBTOR'S SIGNATURE

**/s/ Teresa Ann Campbell**

JOINT DEBTOR'S SIGNATURE

ATTORNEY'S SIGNATURE

**/s/ Michael M. Williams**